

**REQUEST FOR EVALUATION**

EVALUATOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Department or Unit

I intend to apply for admission to **dental** school and would like to have a recommendation from you. I hereby request that you furnish an evaluation for me.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
DATE

**RELEASE OF RIGHTS TO SEE EVALUATION**

\_\_\_\_\_ I do not waive my rights.

\_\_\_\_\_ I do hereby voluntarily waive all rights which I otherwise would be able to assert under the Family Educational Rights and Privacy Act of 1974 with respect to this evaluation. By such waiver I expressly consent to, and do hereby authorize, Southern Illinois University Carbondale, and any professional school to which Southern Illinois University Carbondale may hereafter forward this evaluation or its contents, to retain said evaluation or information in a strictly confidential manner, specifically to include withholding such from me and my family whenever I may request to see it or to be informed of its contents, and otherwise to deny me access to this evaluation once submitted by the evaluator.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
DATE

**TO THE EVALUATOR:** This evaluation form will be used by the Health Preprofessional Committee to prepare a composite letter of evaluation for the named student above. Your candid evaluation of the student's strengths and weaknesses would be greatly appreciated. If the student has waived his or her rights to see the evaluation, it will remain strictly confidential.

Complete all three parts of the evaluation. Please provide additional feedback about this student's potential on separate letterhead. The Committee would like to have your permission to quote some of your remarks in the composite letter. Please mark the appropriate line below.

\_\_\_\_\_ You may quote me.

\_\_\_\_\_ You may not quote me.

**Note: This evaluation must not be hand-carried by the student, or it will not be accepted.**

**PREDENTAL EVALUATION**  
**Southern Illinois University at Carbondale**

Evaluation of predental student: \_\_\_\_\_  
 (print student name)

**PART 1:** Course(s) in which you have taught this student (or other evaluative position)

Title	Grade	Rank (x/xx)	Evaluation based on:		
			Frequent	Moderate	Infrequent
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			contact with student		

**PART 2: Checklist**

	Superior	Above Average	Average	Below Average	No Basis for Evaluation
(Compared to other students in the course or group.)					
<b>PERSONALITY</b> – Maturity, Disposition, Poise (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PERSONAL APPEARANCE</b> – Cleanliness, Appropriateness of Dress (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COOPERATION</b> – Respect for Authority, Ability to Work with others, Tolerance (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>INDUSTRIOUSNESS</b> – Perseverance, Genuine Interest, Conscientiousness (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>INTELLECTUAL ABILITY</b> – Depth of Knowledge, Integration of Knowledge, Logical Thought (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SCIENTIFIC APTITUDE</b> – Intellectual Curiosity, Resourcefulness, Independence (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Superior	Above Average	Average	Below Average	No Basis for Evaluation
<b>COMPETENCE IN LABORATORY WORK</b> (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MANUAL DEXTERITY</b> (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RESPONSE TO CONSTRUCTIVE CRITICISM</b> (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMUNICATION SKILLS – Self-expression, Clarity</b>					
<b>ORAL</b> (person to person) (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WRITTEN</b> (Comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you doubt this student's integrity? If yes, please comment.  Yes  No

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Do you know of any physical or psychological factors that might influence his/her academic performance or skill as a dentist?  Yes  No

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**PART 3: PLEASE PROVIDE ADDITIONAL COMMENTS ON SEPARATE LETTERHEAD THAT MIGHT BE HELPFUL IN EVALUATING THIS STUDENT'S POTENTIAL FOR A DENTAL CAREER.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department or Position

**Please return to: Gail Robinson  
Health Professions Information Office  
College of Science Advisement  
Mailcode 4404  
Southern Illinois University  
Carbondale, IL 62901-4404**